Damage Claim Form

Company Details:

Freight Received From:

Waybill No.: _____ Date Received: _____

Invoice No. : _____ *(if available)*

Description of Damage : (Where possible, please provide Digital Images. Email to accounts@unitedmovers.co.nz)

Cost of repairs (if available) $_____

Location Where Damaged Item can be viewed:

Signature : _____ Date : _____

Please Print Name: _____

Complete this form and return to us promptly in order that your claim can be considered. Fax to 03 344 3929 or email to info@unitedmovers.co.nz